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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

**DEPARTMENT OF HEALTH CARE SERVICES (DHCS)**  
**California Children's Services (CCS)**  
**Monitoring and Oversight Workgroup**  
December 19, 2022  
12 p.m. – 4 p.m.

**MEETING SUMMARY**

**CCS Monitoring and Oversight Workgroup Members Attended:**

Anna Leach-Proffer; Anna Long; Beverly Eldridge; Dawn Pacheco; Francis Chan, MD; Guillermina (Mina) Andres; Hannah Awai, MD; Heidi Merchen; Jack Anderson; Janet Peck; Jody Martin; Jolie Onodera; Katherine Barresi; Kathryn Smith; Katie Schlageter; Kristen Dimou; Lori Gardner; Lorri McKey; Meredith Wolfe; Michelle Laba, MD; Mike Odeh; Nancy Netherland; Norma Williams; Pip Marks; Susan Skotzke; Tanesha Castaneda

**CCS Monitoring and Oversight Workgroup Members that Did Not Attend:**

Alicia Emanuel; Eileen (Chris) McSorley; Holly Henry; Richard Chinnock, MD; Teresa Jurado

**DHCS Staff Attended:** Susan Philip; Pamela Riley, MD; Joseph Billingsley; Cortney Maslyn; Annette Lee; Sabrina Atoyebi; Michael Luu; Barbara Sasaki; Katie Ramsey; Megan Sharpe

**DHCS Consultants, Sellers Dorsey Attended:** Sarah Brooks; Meredith Wurden; Alex Kanemaru; Marisa Luera

**Public Attended:** 99

**CCS Monitoring and Oversight Workgroup Materials:** Agenda and Slide Deck

**I. Welcome and Meeting Information**

***Sarah Brooks, DHCS Consultant with Sellers Dorsey***

Welcomed members and shared meeting information

***Alex Kanemaru, DHCS Consultant with Sellers Dorsey***

Reviewed housekeeping items

**II. Roll Call**

***Sarah Brooks***

Conducted roll call of CCS Monitoring and Oversight Workgroup members, DHCS staff, and the Sellers Dorsey team

**III. November Meeting Summary and Workgroup Feedback**

***Alex Kanemaru***

Provided November meeting summary and reviewed November homework items

***Sabrina Atoyebi, Chief  
Medical Operations Branch***

Reviewed workgroup feedback received on the training proposal

***Katie Ramsey, Chief  
County Compliance Unit***

Reviewed workgroup feedback received on the CCS compliance survey proposal

**IV. CCS Case Management Definition and Activities**

***Katie Ramsey***

Reviewed the proposed CCS case management definition and related Children's Regional Integrated Service System (CRISS) core activities

**Summary Discussion:**

- Members commented some of the activities in the definition are duplicative of what is included in Enhanced Care Management (ECM) and may cause confusion
  - **Response:** DHCS will take this into consideration
- Members commented Title 22 is not referenced in the proposed CCS case management definition and recommended adding it because they are the core standards of administering the CCS program

- **Response:** DHCS will take this into consideration
- Members commented the “high touch” activity in the CCS case management definition is not performed by local county CCS programs
  - **Response:** DHCS will take this into consideration
- Members recommended removing education from the CCS case management list of core activities
  - **Response:** DHCS will take this into consideration
- Members recommended the CCS case management definition include “regionally-based” instead of “community-based” because in rural counties CCS beneficiaries may need to go outside the county for medical care
  - **Response:** DHCS will take this into consideration
- Members recommended to use “client” instead of “beneficiary” to be consistent with Title 22
  - **Response:** DHCS will take this into consideration
- Members requested to remove the core activity “coordinate and ensure access to vaccines, well-child visits and screenings, and oral health care”
  - **Response:** DHCS will take this into consideration
- Members requested to revisit the budget allocation amounts and resources for counties to carry out the compliance activities
  - **Response:** DHCS will take this into consideration
- Members requested to remove the activity of “link and/or refer patients to appropriate pharmacies and/or providers for their medication needs” because this is the responsibility of Magellan, and providers need to inform families to go to appropriate pharmacies
  - **Response:** DHCS will take this into consideration

**V. Memorandum of Understanding (MOU) Execution Process and Timeline**  
***Katie Ramsey***

Reviewed the DHCS | County MOU execution process and timeline poll results and updated DHCS MOU timeline

**Summary of Discussion:**

- Members asked how many survey responses DHCS received for the poll and the model type of the counties who responded
  - **Response:** DHCS received approximately 35 survey responses and the responses were anonymous so DHCS is unable to determine which county model types responded

**VI. Grievance Process**  
***Katie Ramsey***

Reviewed the grievance submission process, examples of grievance routing, and Grievance Numbered Letter (NL) highlights

**Summary of Discussion:**

- Members asked if the grievance definition, particularly around “expressions of dissatisfaction” was updated based on workgroup feedback
  - **Response:** Additional clarification was added in the grievance NL for this item. There is now a definition for formal and informal grievances as well as additional clarification on processing and tracking formal grievances
- Members requested a process for the county to obtain a conclusion when a grievance is referred from the county
  - **Response:** DHCS will take this into consideration, however the goal in the NL is to have the responsible entity resolve the grievance and a warm hand off is given with appropriate contact information
- Members asked about the expectations around the grievance hotline
  - **Response:** The goal is to have a specific phone number and centralized place to receive grievances during county business hours, this can be a current working phone number
- Members asked if grievances will be captured in CMS Net
  - **Response:** DHCS is taking this into consideration, but for now there will be a Grievance Form and Log to complete

**VII. Break**

***Sarah Brooks***

A 15-minute break commenced

**VIII. Compliance Activities**

***Katie Ramsey***

Reviewed the compliance activities including quarterly report, annual report, performance measures, and triennial survey activities

***Cortney Maslyn, Chief  
Integrated Systems of Care Division***

Reviewed the scope of CCS performance measure efforts

**Summary of Discussion:**

- Members expressed concerns of verbiage from the measures is not capturing how Title 22 reads
  - **Response:** The goal is to align with the guidance and capture what DHCS will measure

- Members expressed how the five (5) day timeframe for determining medical eligibility measure should read five (5) days from receiving all necessary documentation eligibility can be determined.
  - **Response:** DHCS will take this into consideration
- Members asked if WCM MCPs will be responsible for the same performance measures
  - **Response:** DHCS will take this into consideration, the intent is to standardize across all county model types
- Members expressed counties' responsibility for Electronic Visit Verification (EVV) requires some clarification
  - **Response:** DHCS appreciates the feedback, and encourages counties to send feedback on the EVV NL during the public comment period to the email attached in the release
- Members expressed concerns for WCM counties, some of the compliance activities are the WCM MCPs' responsibility with the exception of the CCS only population, and asked if the WCM MCP data will be included in the cumulative data for the county
  - **Response:** DHCS will take this into consideration
- Members asked for additional details on performance measure benchmarks and what to expect if they are not met
  - **Response:** Additional details will be provided regarding performance benchmarks at a future workgroup meeting

**IX. Enforcement Process**  
***Katie Ramsey***

Reviewed the proposed definitions, framework, corrective action plan, and exemption process

**Summary of Discussion:**

- Members asked how will sanctions be acquired and utilized
  - **Response:** DHCS will provide more detail in future meetings
- Members commented how it might not be possible to penalize counties with federally enhanced funds since the counties are not MCPs where funding is given to spend.
  - **Response:** DHCS will take this into consideration
- Members asked if local county CCS programs will be able to take any actions prior to being sanctioned
  - **Response:** A good faith effort will be considered in the resolution of deficiencies and counties will have multiple opportunities to resolve the deficiency prior to being sanctioned

**X. Public Comment**  
***Sarah Brooks***

No public comments received

**XI. Next Steps**  
***Sarah Brooks***

Provided information on next steps, workgroup meeting logistics, and relayed contact information for questions or feedback

**Meeting adjourned at 3:26 p.m.**